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ABSTRACT

The guide offers numerous practical suggestions for training mentally retarded children in self care skills, and catalogs developmental characteristics of children from birth to a mental age of 11 years. Included are brief sections on the management of neurologically impaired children and mongoloid babies, the importance of speech stimulation, and the necessity of sex education. Training guidelines concern the areas of discipline, dressing skills, feeding, personal hygiene, play activities, and toilet training. Suggestions such as the following are offered: teach by showing what you want the child to do and allow him to practice the task; prepare the child in the mechanics of feeding by allowing him to play in sand with a spoon or shovel; and select toys on the basis of their appropriateness for the child's mental age. Developmental abilities for each mental age level are discussed in terms of motor characteristics, speech skills, personal-social characteristics, eating skills, and play activities. (GW)

ED 072606

A HELPFUL GUIDE IN THE TRAINING OF A MENTALLY RETARDED CHILD

Designed for the use of parents as well as physicians, nurses, teachers, social workers, psychologists, and others in the field of consulting, evaluating, and training the mentally retarded child.

EC 051 172

VIRGINIA STATE DEPARTMENT OF HEALTH
BUREAU OF CHILD HEALTH

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INTRODUCTION

In our review of literature pertaining to the training of the mentally retarded child, we were unable to find in one place sufficient suggestions that we felt could be of universal help. It occurred to us that assembling this information together with our own experience would be useful to those concerned with the care and development of these children. We trust this material will be of assistance in formulating what can be expected of a child in the continuing stages of growth and development according to his mental age and using this in the application of proper training techniques for his stage of development.

In training a child to meet the expectations of his potential, this material should be helpful to physicians, nurses, teachers, social workers, psychologists as well as parents and others interested in the training, stimulating, and motivating of the child to his best performance. Accordingly, we are making this compilation available. We will be glad to consider any suggestions or additions you may wish to offer.

This material was prepared by Mrs. Elsie Blanton, PHN, Richmond Consultation and Evaluation Clinic, Richmond, Virginia.

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VIRGINIA STATE DEPARTMENT OF HEALTH
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GENERAL RULES FOR TRAINING

1. *Readiness*—Look for signs of readiness in the child. Be sure you as parents are ready to assume training. Learn to relax. Be firm but gentle. Three very important requisites in teaching are patience, perseverance, and affection.

2. *Repetition*—This is the means by which the child acquires the skills of self help.

3. *Praise*—Be generous with praise—"you ate well," "you put on your shoes like a big boy." You do not want him to look to you for praise for every little thing, but praise should be given freely when he deserves it. Special rewards should consist of some sweet or money in hand and a trip to the store. Money in his bank means nothing to this child. A bright, colored chart with colored stickers may aid in teaching. These children are very perceptive and will recognize quickly if praise is genuine. Do not praise for something not done well, but help him look for improvement on the next trial. "Well, that's not so good, but we'll do better next time."

4. Teach one thing at a time. Be sure he is watching and listening.

5. Be calm and pleasant regardless of the number of mishaps.

6. Drills for self help should be short.

7. Allow plenty of time. Don't rush but don't let him 'fool around."

8. Stimulate speech while going through the motions with him—"we are putting on your red socks," "let's put on your brown shoes."

9. Do not assume that a skill learned in one situation can be applied in another. If he learns about hot matches, he will not necessarily know about a hot stove.

10. Help him only when he needs it. It may take longer to get the task done, but it is the only way he can really learn.

11. *Be consistent*—Establish routines and do not deviate from them. Same place-same time of day.

12. Avoid teaching in distracting surroundings. Consider child's well-being both physical and emotional.

13. Have him finish tasks. Things should not be left half done. Tasks should be short enough to hold his interest until he is through.

14. Show him how to do things. Teach by example—politeness, way of greeting people, etc. If you plan to take him out, practice at home. Give him money and allow him to pay for any candy or gum you let him pick up so that he learns that anything taken from the store must first be paid for.

15. He can learn best if he is made to feel loved and wanted and is included in the things the family does.

TRAINING IN SPECIFIC AREAS

A—Discipline

1. Basic concepts
   - A. Teach right from wrong.
   - B. Have him know acceptable and unacceptable behavior.
   - C. He learns to do those things which give him pleasure and to reject those that are unpleasant.
   - D. He needs much praise for any cooperation or correct action. Mistakes should be accepted calmly and help offered until he learns what is being taught.
   - E. Discipline for the retarded child is little different from the normal child except that the retarded child will learn more slowly and will need more help and frequent reminders.
   - F. A busy, happy child is usually a well behaved child and if kept occupied will be much easier to control.
2. Be consistent
   - A. Decide what program of discipline will be and do not deviate from it.
   - B. Use words which will insure consistency.
   - C. Determine and use precise limits.
   - D. Punish because he does something wrong which might harm himself or others, not because you are angry or because he has made extra work for you.
3. Teach by example
   - A. Show what to do.
   - B. Practice the things you want him to do.
   - C. Let him feel he is important to the family group.
4. Manner of correction
   - A. Immediately if possible
   - B. Without anger
   - C. Isolate from people or favorite toy for short time.
   - D. If he becomes excited or uncontrollable in group, remove immediately and provide with quiet play alone.
   - E. Slapping the hands or spanking are good if not too hard or too often to cause fright.
   - F. Don't threaten—memory is short and he will soon forget.
   - G. Don't punish by putting to bed. This may cause him to think of the usual bedtime as punishment.
   - H. Don't punish by telling him you won't love him. He will respond much better if he knows he is loved.
   - I. Don't scold or nag in a loud voice.
   - J. Friendly firmness rather than punishment is basic for discipline.
   - K. Give a warning for things to be done—allow five minutes before asking for it to be done.
   - L. Don't use reasoning or explanation often. They tend to confuse.
   - M. Be sure he understands what is expected of him. Telling him isn't enough. He must be shown.
   - N. Tell him what *to* do rather than what *not to* do. Say "put your cup on the table" rather than "don't throw your cup on the floor."
   - O. Act as if you expect him to obey, and he usually will.
   - P. Give one direction at a time and keep it simple.
5. Causes of poor discipline.
   - A. Failure to keep in mind child's mental age. Don't expect or demand more than he is capable of doing at this M.A.
   - B. What seems like stubbornness may be caused by:
     1) Discomfort, fatigue, hunger, illness.
     2) A way of getting attention.
     3) Comparison to other children in the home or neighborhood or over-expectation.
   - C. Failure to recognize the need for self expression balanced within limits that prevent infringing on rights of others and that keep actions within socially acceptable bounds.

TRAINING IN SPECIFIC AREAS

B—Dressing Skills

TECHNIQUE

1. First teach to remove easily accessible items: i.e., shoes, socks, pants, and to unbutton.
2. Provide interesting reason to dress.
3. Place clothes on bed or table in pre-determined order in which child will be taught to dress. Should be dressed and undressed in same order daily—underwear, socks, shirt, pants, shoes.
4. Clothes should be simple without extra buttons or frills—elastic waist bands on skirts and pants. Front buttons. Label for back. Colored scotch tape on sleeve of jackets or coats with tape on corresponding arm or hand. Socks with stripe across toe to mark top. Marking inside one shoe and on corresponding ankle.
5. Teach to zip, button, or tie shoes on self. The models used for teaching a child to button, zip, tie and buckle are good for motor training, but buttoning one's own clothes is an entirely different process requiring a new learning experience.
6. Use large buttons (about the size of 25¢ piece) and well made buttonholes. Have buttons sewed securely. Use colorful tabs on zippers.
7. Use simple vocabulary while teaching.
8. Let child choose clothes he will wear.
9. Teach time and place for dressing.
10. After he has learned to dress, if he refuses to do so, don't scold. Share task with him.

CLOTHING

1. Clean—changes of underwear and socks readily available. Play clothes clean. "Dress up" clothes always ironed neatly. Simple but attractive in color and design with minimum fastenings. Light shoes should be cleaned often and dark shoes polished.
2. Pile of clean handkerchiefs or box of tissues handy and within child's easy reach.
3. Put pocket in each suit or dress.
4. Repair clothes as soon as they need it. Buttons and hooks should be sewed tightly. Socks darned. Shoes mended.
5. Have child wear clothes right. Shoes with laces tied and knotted. If belt goes with suit, it should be worn. Buttons should be buttoned. Underwear should not show. Dresses not too short. Clothes should fit well.
6. Dress like other children his age in neighborhood.
7. Winter clothing should be warm, loose fitting, covering much of legs, with simple fastenings, large buttons, and large zippers.

TIDINESS

Teach

1. Washing and drying hands before and after eating.
2. Putting away things he has been using whether toys or other materials.
3. Picking up after self. Begin by learning to hang clothes.
4. Washing face, brushing teeth.
5. Keep own room in orderly fashion.
6. Using tissues when needed.
7. Provide paper cartons for toys. For permanent keeping, toys should be on a shelf as boxes tend to jumble toys and cause mess and confusion.

TRAINING IN SPECIFIC AREAS

C—Feeding

Praise, encouragement, and appreciation if used effectively, will have great influence.

1. TRAIN IN FEEDING WHEN:
   - A. Child is ready—can he sit fairly well and place fingers or toys in mouth?
   - B. Parents are ready—do they have patience with time involved, messiness, effort in cleaning up?

2. MATERIALS TO HELP:
   - A. Extra large bib.
   - B. Sufficient newspaper or large plastic sheet on floor.
   - C. Two-handled mug. May start with top with perforations.
   - D. Eating utensils suitable for child-spoon with straight handle or wrapped with cloth or thin piece of plastic foam. Plate should be smaller than dinner plate in order that child may handle it with ease. Graduate from cup to a small glass that child can handle. Suction cups on bottom of plate or bowl help keep these in place.

3. TYPES OF FOODS:
   - A. Finger feeding—solids that can be picked up easily—peanut butter on bread or crackers, carrots, celery, apple, dry cereal, bacon, toast, cheese, cottage cheese on crackers, cauliflower, potato, bite size pieces of fruits and vegetables (cooked or raw), drumstick with gristle removed, pork chop bone, weiners, bite size pieces of meat, circle of hard cooked egg, plain cookie (oatmeal or peanut butter).

4. MECHANICS: (May previously have been allowed to play in sand with spoon or shovel).
   - A. Spoons with large handles or those wrapped with cloth or thin piece of plastic foam. Experiment with different shapes and sizes—bend or twist spoon handle to reduce spilling.
   - B. Stand behind child or on the side of his hand preference and guide his hand. Use simple words of direction: i.e., "hold," "let go."
   - C. Call by name each food eaten.
   - D. Offer new foods at beginning of meal while child is still hungry.
   - E. Serve all foods attractively and in small quantity.
   - F. To begin, place a small amount of food far back on the tongue or in side of mouth. Encourage child to use lips instead of teeth to remove food from spoon.
   - G. For difficulty in chewing and swallowing as in cerebral palsy or for large, protruding tongues, demonstrate, using word for each action. Assist by moving child's jaws up and down and by lightly running finger from chin downward to throat or piece of ice from throat upward to chin and *quickly* inserting apple sauce or some similar food to be swallowed. Encourage sucking by use of stick candy too hard to be bitten.
   - H. Teach to keep lips closed. Mirror may help.
   - I. While learning to feed self, may do better if he eats alone.
     1) Possibility of better parental attention.
     2) Child is not distracted.
     3) Other members of the family do not express disapproval.
   - J. Prepare one food with several different methods to see if he will accept it. Present the same dish three times before you give up on one food and do not make it three consecutive times.
   - K. Introduce only one new food at a time and not more often than once a week.

TRAINING IN SPECIFIC AREAS

Feeding (Cont.)

L. If he does not eat, accept the fact calmly. Let him wait until the next regular meal, except for a small glass of milk or fruit juice and a cracker. If he leaves the table, the meal is over for him, and food should be withheld until the next regular meal except for the mentioned snack.

M. Between meal snacks of juice and crackers will not fill the child up for the next regular meal.

N. Fried foods and highly seasoned foods are difficult to digest.

O. Use relaxation, repetition, and routine.

Do not force him to eat if he is not hungry.

Do expect him to like each food offered. Give it to him cheerfully as though you expect he will find it good.

Begin early to offer a wide variety of food.

Don't allow him to get bored with food.

Avoid making an issue of eating. Make mealtime pleasant.

Avoid temptation by removing plates when empty—child may bang, lick, throw, etc.

Have a restful activity before mealtime so the child will be rested and calm before starting the meal. *A tired child does not want to eat.*

DIET

Gas forming foods—these are generally good for the child and cause no danger if child is not uncomfortable

Lettuce	Garlic	Radishes	Cabbage	Broccoli
Onions	Tomatoes	Brussel Sprouts	Beans	Collards
Celery	Turnips	Green and Red Pepper	Cauliflower	Cucumber
Spinach	Sauerkraut			

How much to feed

Milk 3-4 cups per day

Vary with:

egg nog, banana, or other fruit nog
custard or pudding
tinted with food coloring or use brightly colored straws } These may prove unwise for the brain damaged child as they break routine.

Use glasses small enough for the child to handle and a small, sturdy pitcher may be used. A cup with a handle is best for a small child.

Replace one glass of milk with:

1 oz. cheese (1″ cube)—watch for constipation if cheese is used often.

½ C. cottage cheese

3 Tbsp. dried skim milk powder added to various foods such as gravies, meatloaf, puddings, etc.

Bread and cereal 4 servings a day

1 yr. ½ slice bread
¼ C. cooked cereal
6 Tbsp. dry cereal

2-3 yrs. 1 slice bread
⅓ C. cooked cereal
½ C. dry cereal

TRAINING IN SPECIFIC AREAS

Feeding (Cont.)

DIET (Cont.)

4-5 yrs. 1-1½ slice bread
½ C. cooked cereal
¾ C. dry cereal

Replace one serving with:

½ C. rice, spaghetti, noodles, macaroni
1 muffin
3 soda crackers
2 graham crackers
1 3″ cornbread stick
1 biscuit or roll
1 4″ pancake
1 5½″ waffle

Citrus fruits or fruits rich in Vit. C.—1 serving a day of any of the following:

½ C. (scant) grapefruit sections
½-⅔ C. juice—orange, grapefruit, "Tang," tangerine—fresh, frozen, canned
1-1⅓ C. tomato juice
1 small orange
½ C. strawberries
½ small grapefruit
1 small cantaloupe

Other mild flavored fruits such as peaches, apricots, pears, applesauce.

1 yr. ¼ cup
2-3 yrs. ⅓ cup
4-5 yrs. ½ cup

Vegetables: 1 or 2 green or yellow vegetables, cooked or raw, bite size pieces if necessary.

1 yr. 2 Tbsp.
2-3 yrs. 3 Tbsp.
4-5 yrs. 4 Tbsp.

Meats—2 servings daily—offer variety; give small servings. (Pork, beef, liver, chicken and fish). Coarsely grind or finely chop meat or cut in bite size pieces for child just beginning to chew table foods.

Examples: Scrambled egg, hard cooked egg, canned meat and spreads on bread, meat patties or meat balls, meat loaf, chopped chicken or other lean meats, liver cut in strips from ½-1″ wide.

May substitute: Eggs, peanut butter, nuts, or dried beans.

TRAINING IN SPECIFIC AREAS

D—Personal Hygiene, Health Habits, Grooming, and Manners

1. Cleanliness, appearance—child should be allowed to experiment with sand and mud pies—should not be expected to be clean at all times.

   A. Bathe in tub daily or at least three times a week.

   B. Wash hands and face before and after meals and hands after toilet.

   C. Scrub fingernails with brush. Keep nails cut and cleaned.

   D. Brush teeth after each meal if possible—at least two times a day. Tooth brush should be near sink, open, and in individual holder. Curtain rings sewn to wash cloth and towel facilitates easy hanging. Soap strung on string and tied to faucet saves soap and is easily found.

   E. Skin should be kept dry and clean to prevent chapping.

   F. Wipe nose every time it is needed. Teach him to wipe his own nose as quickly as possible.

   G. Help him learn to keep mouth closed and to swallow to prevent drooling.

      1) Make sure he is ready for training and cares, knows what you're talking about, is truly conscious of saliva.

      2) Tap jaw lightly to remind to keep mouth closed. Place mirror at eye level where he can see self often.

      3) Give foods which require and stimulate chewing—apple slices, meats, celery.

      4) Play games to increase strength and control of facial muscles and tongue.
      Blow feathers or horn (later bubbles, balloons, or blow in water with straw).
      Make face and stick out tongue while looking in mirror.
      Lick lollipop.
      Place jam or honey on lips for him to lick off.

      5) Use word "swallow" with demonstration.

      6) Compliment effort. Avoid nagging and punishment.

      7) Teach to wipe mouth and chin with handkerchief.

   H. Teach to cover mouth when coughing or sneezing.

   I. Hair combed before meals, when he gets up from bed, when he leaves home. Brush often. Wash at least every two weeks. Attractively cut. Boys will look better with slick, boy's cut. Girls usually look better if hair is as long as lower edge of ears and curled a little at the ends. Braiding will help hair stay neat. Always keep out of eyes. Bows or barrettes help. A mirror at the proper height should be in some room used by the child so that he can be aware of his appearance.

   J. Keep fingers away from nose and ears. If clean, he will not be likely to scratch.

2. Etiquette

   A. Proper use of eating utensils should be taught.

   B. Teach proper acknowledgement of greetings.

      1) Smile and speak.

      2) Shake hands. Childish hugging is cute at three years but becomes unsuitable at nine or ten years.

      3) Teach to keep hands off others.

   C. Teach to say "please" and "thank you."

TRAINING IN SPECIFIC AREAS

E—Play Activities

Through the medium of play, a child's personality evolves.

1. A mentally retarded child requires more adult supervision and encouragement than does a normal child.
   - A. He usually has a short attention span.
   - B. He may lack imagination and initiative.

2. A mentally retarded child may prefer to play with children his mental age.
   - A. He feels secure, understood, accepted.
   - B. Older children, mentally, tend to ridicule his inabilities.

3. Teaching others an understanding of child's ability and limitations is up to parents.
   - A. Neighbors without understanding resent having child play with or near their children. Help them by discussing the child's condition and what to expect of him.
   - B. Supervision of play by parent and removal of child from group when difficulties arise make neighbors more cooperative.
   - C. Supervised household chores sometimes serve as play experience and add to knowledge.

4. Choice of toys.
   - A. These should be appropriate for mental age. Those too mature for child tend to frustrate and discourage, too immature hold him back.
   - B. Toys should be changed to keep pace with mental growth.
   - C. They should offer stimulus. Show the child how to use the toy, play with him, talk to him. Don't become discouraged because he fails to respond.

5. Care and use of toys.
   - A. Keep current toys on low shelf which child can reach. Toy chests confuse and discourage because of the jumble.
   - B. Have child replace toys with your help.
   - C. Use a few toys at a time. Bring out others as he tires of present ones.
   - D. Have special toys for rainy days.

6. Games.
   - A. Play outdoors as much as possible.
   - B. Ring games are good for socialization, rhythm training, and physical activity and put no premium on individual skills.
   - *C. Sock Toss. Quiet, active game with non-destructive material. Teaches color recognition and coordination.
   - *D. Bank-o., etc. Eye-hand coordination, use of thumb and forefinger, accuracy of aim, counting, and color identification.
   - *E. Tin-can Golf. Eye-hand coordination and concept of progression. Teaches color and number concept.

7. Father's help. There are few areas in the training of a child in which the father feels useful or adequate, but he can surely be of benefit in outdoor play and muscle development.
   - A. Help with swinging. Regular swing and from bars that support the swing.
   - B. Help with climbing. Make a sturdy incline or bridge by placing board between blocks or saw horses or place across sand box, etc.
   - C. Help with exercises that require stretching and bending.

**The Three R's For The Retarded*—Chamberlain and Moss

TRAINING IN SPECIFIC AREAS

F—Toilet Training

Only through the development of a calm, unemotional, consistent attitude can toilet training be accomplished without frustration to both you and your child.

1. Readiness—let the child lead the way
   - A. Is the pattern erratic, wetting more often than every two hours? This can be determined by charting for one week to determine schedule. For bowel training are the bowel movements regular?
   - B. Does he indicate discomfort from soiled diapers?
   - C. Can he stand alone?
   - D. Does he have some inkling of what it's all about as evidenced by grunts when you ask him or willingness to go to bathroom with you?

2. Technique—write out step by step procedure so it may be repeated daily, also as a help to anyone keeping child.
   - A. Use proper word or terms easily understood by outsiders.
   - B. Use a small toilet seat with feet and arm rests on the regular commode.
   - C. Put on training pants as soon as possible. (May have to use a liner.) Training in warm weather is ideal. Give him the idea that he is expected to keep clean and dry.
   - D. Teach child to shut toilet door.
   - E. Do not distract with toys or by dressing or undressing on stool.
   - F. Child should not be left alone.
   - G. Leave on stool no longer than five or ten minutes. Boys may or may not stand to void. Don't try to change until he is fully trained. Then have father or brother encourage him to follow their example. This is started usually around 3-3½ yrs.
   - H. Discontinue for a few weeks if he cries or fails to cooperate.
   - I. Assist with hand washing.
   - J. Do not scold, threaten, show disapproval, or punish for accidents. Be generous with praise and reward success.
   - K. Teach to request in quiet, unobtrusive manner.
   - L. Avoid liquids after supper hours.

3. When to put on stool for voiding:
   - A. Upon arising.
   - B. Before meals, mid-morning, mid-afternoon.
   - C. At bedtime.
   - D. When parents retire (be sure child is awake). If child has difficulty getting back to sleep or if he resists this trip, it should be discontinued.

4. When to put on stool for bowel movements:
   - A. Note time of daily moves. Place on toilet a few minutes earlier. If too late, try a little earlier the next day. (Meals have to be regular to have BM regularity). Do not use enemas, suppositories, or soap sticks without doctor's advice.
   - B. Try to detect need in advance. Watch his face or listen for peculiar or particular sounds. *Warning!* If you think baby is ready to perform, don't rush to the bathroom as if to a fire. An accident would be

Toilet Training (Cont'd)

preferable to frightening child and making him so tense he can't perform. Don't flush toilet while child is on it. This might be frightening.

5. Possible effects of forcing
   - A. Child holds back—may develop chronic constipation.
   - B. Child may have too frequent stools outside bathroom.
   - C. He may have many temper tantrums at other times (although some anger and negative behavior is to be expected at these ages).
   - D. He may become obstinate, a character trait that may remain with him.
   - E. He may revert to pattern of soiling whenever he is frustrated at age 7-8 or later.

MANAGEMENT OF THE NEUROLOGICALLY IMPAIRED CHILD

"Brain" injury has ominous meaning for some people because the brain is such an unexplored and little known area, and because injury as generally used means the consequence of an accident. This sometimes creates feelings of blame, apprehension, or guilt.

The word "injury" as used in this respect is synonymous with "insult." Most mental retardation (except cultural-familial) is the result of insult or injury either during conception and pregnancy, during birth, or following birth as the result of illness, accident, or body chemestry. Careless behavior or definable accident is infrequent as the cause of the "brain injury" or neurological impairment.

In this paper we will consider the management of the hyperactive, easily frustrated, disorganized, or easily excited child possibly with behavioral difficulties and frequently with short attention span, hearing and speech difficulties, marked distractibility, etc.

ENVIRONMENTAL:

I. *Reduce stimuli*
   - A. Use as few colors as possible in the room. If certain colors are known to excite, avoid these.
   - B. Limit number of pictures or what-nots.
   - C. Keep fixtures at a minimum and very simple.

II. *Reduce frustration*
   - A. Keep things in order—"A place for everything, and everything in its place."
   - B. Structure everyday living.
     1. Have a routine—do things in the same way at the same time as nearly as possible.
        - a. Lay out clothes in the order to be put on and put clothes on in the same order, starting with the same foot and hand. When child learns to dress himself, have him use this same pattern of dressing.
        - b. Teach child to hang clothes and put things away, and arrange the drawer and hanging space so that they are convenient, proper height, and always in the same place.

C. Make discipline consistent, quiet, firm but kind.

1. Active discipline with little explanation or arguing is usually most effective.
2. Avoid hollering or heated arguments. A quiet tone will do wonders to soothe the brain damaged child.
3. Whipping is usually not as effective as confinement or isolation.
4. If child is markedly excited or antagonistic, removal from the situation, allowing him to return when calm, is usually effective.
5. Wipe face with cold, damp cloth to soothe.

D. Observe for activities, situations or colors which tend to overexcite, and make an effort to avoid these.

III. *Increase attention span.*

A. Remove distractions.

1. Have desk clear of other books or papers.
2. Face desk to wall away from window or with drapes drawn so that child is not distracted by others in the room, shadows, waving branches, or light patterns.
3. For coloring, have one page removed from the book and give one or two crayons.

B. Give one toy at a time, replacing when this one becomes boring.

C. If attention strays, learn how much leeway he can tolerate and when to bring back to task at hand.

TRAINING:

I. Keep expectations at the proper level.

A. Don't expect more than that of which the child is capable.

B. Don't underestimate his abilities and thus do too much for him.

C. Encourage and help develop independence in *any* area which the child shows capabilities.

D. Help him to realize his full learning potential.

II. Remember that training will be very slow.

A. Break learning for each skill into several steps.

B. Repetition over and over is necessary before learning takes place. A skill learned today may be forgotten by tomorrow for a long while but will usually eventually become habit.

C. Demonstrate expected performance, keeping explanations to a minimum.

D. Praise for any job well done, no matter how minor. Do not give praise when a job is not well done, but don't make the child feel that he has failed. "We didn't do so well this time, but that's all right. We'll do better next time."

III. If possible, get child into a group situation such as a preschool setting for the retarded child.

THE MONGOLOID BABY

The announcement by the doctor that a child has Down's syndrome or Mongolism frequently falls on "deaf ears" for a short while, for no parent wants to hear anything so distressing and heartbreaking, but finally realization takes place, and there is a stage of self pity, during which the child is given little consideration, but all thought is on "me."

Thank goodness, in most families these stages do not last long, and concern for the child is soon uppermost.

There are several good pamphlets on Mongolism that will be helpful. The list can be secured from the Virginia Association for Retarded Children, 613 Mutual Bldg., 9th & Main Sts., Richmond or the Richmond Consultation and Evaluation Clinic; however, many parents, especially the mothers, are concerned about the simple things such as the care to be given to this unusual child. One mother did not sleep for nights after the baby was taken home for fear he would get his face buried in the mattress and not have "sense" enough to turn his head. Another mother had difficulty believing the diagnosis because "he smiles and coos at me just like my other babies have done." In the hope of being able to clarify some of these problems, this paper is being written.

There has been talk of "a touch of Mongolism" and "high grade Mongolism," but there's no such thing as "a touch," and the child's ability can be determined only after years of observation and testing.

The Mongoloid has one more chromosome than the average child, thus making every cell in his body abnormal. This accounts for the variety and multiplicity of defects which might be present at birth. There are several obvious stigmata including slanting eyes, flat bridge of the nose, crossed eyes, ears below the line of the eye, large, protruding tongue, short, stubby fingers, incurving little finger, a straight line (called a Simian line) instead of two broken lines across the palm, and a wide space between the great toe and the others. Any one or all of these characteristics may be seen, but even though a Mongoloid seldom has all of these physical characteristics, it is *extremely* rare that retardation is not present. The child under five may appear slow in physical development but nearly normal in mental growth, but from the time abstract reasoning and academic learning is needed, the intelligence of the majority ranges from one fourth to one half that expected of the average child. Frequently found with the physical stigmata are the poor ability to fight infection, especially of the respiratory tract, eye muscle defects, and congenital heart defects. Any one of the characteristics mentioned may be found alone in normal, average beings.

At one time, a doctor, upon diagnosing Mongolism, suggested that the child be "put away" or institutionalized and that the parents forget the child and consider him dead. Today research has proven that even if institutionalization is necessary at a later date—which it frequently is as the child ages and the family picture changes—the child kept at home for at least four years always seems better than a child of comparable I.Q. institutionalized at birth. This has been so impressive that many state institutions refuse to admit these children under four years of age.

This makes infant care necessary, and even to the mother with several other children, this little bundle of unusualness is frightening. The baby is limp and offers no support but seems to flop when picked up. Many mothers state, "He's such a good baby. He never cries, and he's so happy." These babies usually appear fat and short with a lovely complexion and bright eyes. They are happy and friendly with everyone.

But there are problems. Feeding may be one of these. Sometimes this is an almost continuous pursuit for several months. The high palate plus the large tongue and the weak muscles makes it difficult to suck normally. This will improve with time and should not cause alarm. Frequently the digestion is also weak so that it is difficult for the food to stay down. Breathing is sometimes loud and seems labored. The skin may be delicate and succeptable to heat, cold, and clothing materials. By the time he is six or eight weeks old, he may have needed treatment for a respiratory ailment.

This is a very distressing picture, but in the same breath I state that the care of this child varies little from that of the average child. If there are heart complications, the doctor has given specific instructions for care, but the *every day* general care that is given to any baby is given to the Mongoloid. After the very early weeks, the child will react as any child, need the same general day to day care as any child, and, in fact, will seem little

different from the average child. The one difference in the care is that it must go on much longer than for the average child, as this child is not expected to sit or walk for several months after the average set for these achievements. Gesture language, which is usually rich with expression, will have to be interpreted as speech is slow in coming and is seldom completely normal even in adulthood.

Because this child can do little reasoning, discipline and control are very important. Quickly I add, though, that control does not mean force. The Mongo'oid has a stubborn determination that makes it possible to lead him with humor and calm determination, but he cannot be driven. He seems to get a particular delight out of being useful and helpful, and this is frequently the best way to get him to do what is desired. Music and dancing are important to this child, so a musical game will sometimes accomplish the task, and he will complete it happily instead of rebelling in stubborn anger.

Laziness and dependence are not unexpected, and the child must be encouraged to do anything he can for himself. If he refuses, share the task with him but try to involve him whenever possible.

Because of their great imitative ability, these children benefit much by being around people. They have high social ability, and loving them is easy, and they enjoy being in the middle of anything which is happy and gay. It is important that adults and children that are around them the most do those things which bear repeating, because most of their skills are gained by observation, demonstration, and imitation.

Need for toys is simple because the child is able to create play activity alone or with others, using the simplest things.

It is difficult to think of all the areas of concern for the mother of such a baby, but I hope many of her concerns and worries will have been eased by these few observations so that she can care for and enjoy her Mongoloid baby for himself and as he is, finding out as soon as possible what his abilities are expected to be and working with him at his mental age, not pressuring him to achieve that of which he is not capable. The greatest capacity these children have is their love, affection, and happy nature which is shared freely with all who will receive. If they are accepted for their worth, this nature stays with them, and they are able to achieve a very useful place in their worlds.

PLANNING TOWARD PUBERTY

The stage of puberty is a concern to any parent, and, understandably so, there seems to be much fear on the part of parents of a retarded child whose body matures and mind remains childlike. Even though some of these youths have the same urges and drives and interests in the opposite sex as the average adolescent, many, because of their childlike minds, do not desire intimacy but are content to have fellowship without sexual attraction. For those others who realize such drives, the job of the parents is a little harder than for the parent of the average child because of the retardate's immature judgment, lack of control, and poor understanding. Because of this adolescent's desire to please and to be like the "other kids," it is possible to take advantage of him. If the child is outgoing, has plenty of playmates and interests, and is not preoccupied with sex, he will probably pass through this stage without danger.

Sex behavior is taught from earliest childhood just as any other training is offered. For this reason, the parents need to review their attitudes toward sex and make an effort to correlate their thinking with the child's actual needs in this area. Interest in *all* parts of the body is a very natural thing. Babies explore the genitals just as they play with their fingers and toes. This play, known as masturbation, is thought to be at a maximum when the child is 4-5 yrs. old. What one needs to realize is that this 4-5 yrs. is mental age, and the child at a much greater chronological age may be just going throuh this 4 yr. stage mentally. Instead of becoming visably upset by this, find interesting activities for the child which involve his hands. It will also help if the child is physically tired on retiring and is not allowed to lie in bed after waking in the morning. Helpful, also, in avoiding this play excessively is seeing that he does not sit on the toilet unnecessarily long.

I. Training—A Lifetime Project

A. In early childhood.

1. Start out using proper words for sex organs and for elimination.

2. Avoid undue exposure and careless attire and yet recognize that the child gets a healthy attitude about the body if chance exposure is accepted without shock or shame. Training in some areas, such as toilet training, is best accomplished by allowing the child to observe demonstrations by the parent.

3. Modesty is taught early.
   a. Teach child to request toilet needs in a quiet, unobtrusive manner.
   b. Teach child to shut bathroom door when using toilet, bathing, or dressing.
   c. Teach child that disrobing and dressing is done in private and that this privacy is not left until he is acceptably clothed.

4. Realize that sex interest is a natural part of the process of growing up.
   a. Exploring the body is the baby's first introduction to self image.
   b. If a young child is found in some type of sex play with others, break it up matter-of-factly without showing shock or anger. Avoid making the child feel that this is sinful. In trying to steer him away from activities such as this or masturbation, don't tell him that he will injure himself or that he is bad.
   c. Keep a close check on groups of young children playing together, without snooping or accusing.
   d. Questions about sex are asked casually just as questions about "why do trees have leaves?" and should be answered as directly and simply as possible.

5. Excessive masturbation is frequently a sign of tension and nervousness. Here the cause of the nervousness rather than the masturbation must be the major concern, but while this is being determined, help find suitable outlets for tension.

B. In Adolescence.

1. Maturation must be explained to the boy and menstruation to the girl, but the terms used for the average child cannot be used for the retardate. A simple explanation of the facts without a lengthy discussion is frequently all that is necessary. It is important that the girl understand well enough the naturalness of menstruation so that she is not frightened by it. The educational departments of the manufacturers of sanitary protections have literature which may help some in the interpreting of menstruation. Here it is important to mention hygiene. The girl should be taught the proper application and adjustment of the sanitary pad, when to change, and how to dispose. Frequent bathing, especially during this period should be stressed, and the use of deodorants encouraged. Also she should be taught not to discuss menstruation in public, helping her see its intimate and private nature.

2. Provide acceptable outlets for sexual desires.
   a. Dances, group movies, adolescent parties—chaperoned togetherness.
   b. Discourage steady dating.
   c. Avoid sexually stimulating situations—kissing, petting, certain movies, and too close body contact while dancing.
   d. Set a good example. The child's efforts to control will be guided by observation of those he loves and respects.

3. Channel interests to other activities—hobbies, athletics.

4. Teach behavior that is acceptable to society.
   a. Social—how to behave at a dance, how to converse by phone, how to introduce and meet people, how to help a girl with her coat, how to respond at the end of a pleasant evening.
   b. Teach to greet guests with hankshake rather than hugging, kissing, etc.
   c. Teach to avoid self-exhibitionism.

SPEECH STIMULATION

Your child doesn't talk, and you feel that if he could communicate, everything would be all right.

Communication is probably one of the most important elements in life. No man lives totally isolated from others. Even the Hermit usually has his animals with whom he converses. The animals don't speak in words, but they have their own language, and they let us know they understand, and they reply according to their feelings—happy, sad, angry, loved, etc. This is important for us to remember—they are communicating.

Before one starts to think in terms of therapy, it is necessary to know for what the therapy is to be offered. Does the child hear well? Is he mentally old enough to start talking? Is there a mechanical problem which prevents speech? These are some of the areas that require investigation before plans can be made.

If a child is as much as three and half years old, one would expect that he can use short phrases. If he doesn't, concern is expressed, but speech therapy may not be the answer. A therapist cannot make a child speak. Therapy can help correct speech, but this usually only after the child recognizes that he doesn't speak well and wants help. It cannot stimulate the brain to use what the brain does not have to use.

What we need to learn is to use what communicative skills the child does have and do our own daily speech stimulation.

If the child takes you by the hand and leads you to what he wants, be sure you have the right item by touching and asking. Once you are sure, use the word as many times as possible without making the child aware that he is being coached. For example, if he points to a glass and takes you to the sink, ask, "You Want water?" If you get an affirmative nod, as you run the water, say "water". As you hand him the glass, say "water". As he drinks, say "water".

Use the same technique when a child says a word, for example, "wa", that you can interpret but which outsiders wouldn't understand. Don't coach him by making him repeat the word over and over. Don't shame him by saying, "No, that's not right. Say 'water'."

Talk out loud to the child throughout the day of everyday, ordinary things. As you dress him, say, "Pretty red socks. Wet diaper. Brown shoes," as you perform. Don't ask him to say the words or pretend that you care whether he says them. Be content to let him hear the words and have faith that he will soon use them. As you talk, get the child to watch your mouth, and when you make certain sounds, let him see the position of your tongue and lips.

If a child has an unusually large tongue or has poor lip and tongue control, play games to increase strength and control of facial muscles and tongue. Blow feathers or horn and later bubbles, balloons, or blow in water with a straw. Let him make a face and stick out his tongue while looking in the mirror. Have him lick lollipops and suck on candy stick too hard to be bitten. Place jam or honey on his lips for him to lick off.

Once you know that a child can say a word but refuses, good natured holding out will sometimes get him to say it. Don't always jump to do his bidding. Let him know that you are interested in what he is trying to indicate but hold out to the point of crying. If he finds, however, that he can use his refusal as a club, it will be difficult to force him to speak. In this, as in other areas of concern, make as little issue as possible of the situation. Let up for a while and then start over.

Cuddle the child a lot. Hold him in your lap and sing, hum, or say sweet words. Do some rocking. You won't have to worry about spoiling him by this if you practice active and consistent discipline when needed.

Don't fall into the habit, however, of using baby talk with him or of reinforcing poor speech by using his incorrect sounds simply because you know that he knows what they mean. If you use the correct words, he will soon know what these mean too.

A very discouraging thing is to work with a child that is totally unrelating. No matter how much you talk to him, he acts as though you aren't there, as though he's in a world of his own. Can you imagine what would happen if, each morning as you walked down the street, you passed the same person and said, "Good morning," with absolutely no response? Soon you would give up and pass without speaking and possibly be a little aggitated that you were ignored. You'll find the same reaction taking place when dealing with the child mentioned above. *Don't let it happen.* The child's real contact with the world outside himself is the spoken word, but can you again imagine with me the confusion if you listened only to a foreign language day in and day out with no means of interpretation. This child may hear all the sounds which we hear but may be unable to unscramble them to make meaningful words. He soon becomes so confused that he learns to turn off his hearing, and he may seem to ignore you.

One day one of these sounds will make sense, and the child will give some response. What a reward! This will be one of the happiest days of your life, and you will bless every word you ever uttered to him.

DON'T GIVE UP . . .

DEVELOPMENT ACCORDING TO MENTAL AGE

No child will achieve the "milestones" described for each age level of development all at one time.

Birth to 4 Mos.

	1 mo.	*2 mos.*	*3 mos.*	*4 mos.*
MOTOR CHARACTERISTICS	Hands fisted Lies in position placed Lifts chin momentarily when in prone position Rolls from side to back Occasionally puts one hand to mouth Clenches on contact—no release Head sags	No head droop if suspended prone If prone, lifts head midline in line with body If supine, energetic arm movements, vigorous kicking and head turning Head predominantly erect when held sitting but lags as pulled to sitting	Follows objects 180°, side to side Sustains head at 45° when prone Props on forearms with knees flexed, back totally rounded Takes small fraction of weight when held standing	Rolls over Arms activate on sight of dangling toy Eyes follow slowly moving object well Balances head Holds head and chest up 90° while on abdomen Extends legs when held in standing position Grasps objects placed in hand with palmar grasp—whole hand Takes objects to mouth Sits propped 10-15 min. Brings hands together at midline Plays with fingers Balance unsteady on forearms
SPEECH	Throaty noises	Single vowel sounds	Makes responsive sounds if one nods and talks to him Laughs and squeals	Coos, gurgles, laughs Recognizes human voice Turns head to sounds
PERSONAL-SOCIAL	Startles easily Ceases activity when he hears sound Crying is usually tearless	Alert expression Direct regard Smiles spontaneously if one nods head and talks to him Eyes follow moving person	Coos and chuckles Aware of hands Begins to know mother	Smiles when one approaches

DEVELOPMENT ACCORDING TO MENTAL AGE

Birth to 4 Mos. (Con't.)

	1 mo.	*2 mos.*	*3 mos.*	*4 mos.*
FEEDING			Anticipates feeding	Recognizes bottle—pats
PLAY ACTIVITY	Regards toy only when brought in front of eyes	Holds object briefly when placed in hand	Glances at toy when placed in hand Holds toy placed in hand with active grasp Plays with rattle Reaches for objects	
TOYS	First toys appeal to sense of touch—help develop large muscles of push, pull, and grasp—rattles, soft, cuddly toys, large balls			

DEVELOPMENT ACCORDING TO MENTAL AGE

No child will achieve the "milestones" described for each age level of development all at one time.

5 Mos. to 11 Mos.

	5 mos.	*6-7 mos.*	*8-9 mos.*	*10-11 mos.*
MOTOR CHARACTER-ISTICS	Rolls from side to side Begins to lift head and shoulders when on back Reaches arms to be pulled to sitting No head lag Pushes whole chest off bed	Rolls from back to abdomen Sits alone, back straight—may topple Supports some wt. when held in standing position—bounces actively Reaches-grasps with radial side of hand—brings objects to mouth Can transfer objects from 1 hand to another Cannot release at will Raises self on extended arms and hands	Lying on abdomen can change to sitting position Creeps and crawls on all fours May cross room to retrieve ball or toy Pulls to standing Requires support to walk Voluntary release of objects Can secure toy by string if string contacted by hand Can hold object in each hand for prolonged periods	Pokes with index finger Cannot lower self to sitting Goes from sitting to lying on abdomen Sits indefinitely Pulls to standing Cruises at rail While sitting, can lean forward and then straighten Uses pincer movement with thumb and fore-finger
SPEECH	High squeal	Crows & squeals Listens to his own voice Says "mum-mum-mum" especially when crying Makes some vowel sounds in series Deep sounds—grunts	Single consonant sounds Tongue play Responds to name, "no-no", "bye-bye" Combines syllables Copies sounds May have vocabulary of 1-2 words	"Mama" and "daddy" with meaning
PERSONAL-SOCIAL	Smiles at self in mirror	Initiates conversation with toy or person Knows stranger from family but not afraid Cries easily Thrashes arms and legs when frustrated Pats mirror image Takes feet to mouth	Changes quickly from crying to laughing Shows fear of strangers	Waves bye-bye Doesn't want to be cuddled as much Considerable reservations about strangers Determined—may be called stubborn

DEVELOPMENT ACCORDING TO MENTAL AGE

5 Mos. to 11 Mos. (Con't.)

	5 mos.	*6-7 mos.*	*8-9 mos.*	*10-11 mos.*
FEEDING	Puts both hands on bottle	Takes strained foods well Holds, sucks, and bites cookie or zwieback Chewing begins Much drooling with mouth activity	Holds bottle—picks it up if dropped	Finger feeds Eats mashed table foods Drinks from cup with assistance Lateral movement of jaw begins Holds, licks spoon after dipped into food Plays in food with hands
PLAY ACTIVITY	Looks after toy dropped in sight	Bangs and shakes rattle Holds small toys—reaches with both hands Amuses self for short intervals Observes environment Likes to look at self in mirror Plays Peek-A-Boo Resists toy pull	Enjoys banging objects together May use one object to move another Plays Pat-A-Cake Persists in reaching toys out of sight Bites and chews toys Drops one of two toys to take a third one offered Looks for fallen toy	Can secure a toy by pulling at the attached string Offers toy to adult but doesn't want to give it up Enjoys dropping toys from pen or chair to be retrieved by adults Plays with toy inside cup Takes toy out of cup or box Will put toy inside cup or box but will not release Will reach for image of toy in mirror Plays ball

DEVELOPMENT ACCORDING TO MENTAL AGE

No child will achieve the "milestones" described for each age level of development all at one time.

12-18 Mos.

	12-15 mos.	*18 mos.*
MOTOR CHARACTER-ISTICS	Extremely active Grasps with almost adult precision Crawls and creeps less Stands by turning first to prone Walks with wide base, arms flexed, whole foot contact Creeps up stairs Can go from standing to sitting	Walks well—rarely falls Climbs into large chairs Walks upstairs with help Creeps down steps Turns several pages of book at a time Pushes chairs and other objects around Seats self in small chair Walks against ball but doesn't kick it Runs stiffly Grasps 2 objects in 1 hand
SPEECH	Listens to words carefully Understands very simple commands Imitates words May have vocabulary of 3-4 words Communicates by gestures Attracts attention by squealing	Uses jargon Increased understanding of commands May carry out 2 directives Points to familiar objects as named by adults May have vocabulary of 8-10 words
PERSONAL-SOCIAL	Serene, self-confident and friendly Capable of unmistakable fear, anger, affection, jealousy and anxiety Negativism starts Repeats performances that evoke laughter Approaches mirror image socially Sensitive to separation from mother Stiffens in resistance	Insists on having things exactly his way May react violently to sudden changes Doesn't want to wait for anything Easily frustrated
DRESSING	Cooperates in dressing—raises leg to put in pants or arm for sleeves	Removes easily accessible items Tries to put on shoes
FEEDING	Begins to use spoon—turns spoon before reaching mouth May no longer need bottle May hold cup—tilts cup rather than head, causing spilling Shows definite preference for foods Leaves dish on tray after fed	Eats with spoon—spills frequently Turn spoon in mouth Requires assistance Holds glass with 2 hands

DEVELOPMENT ACCORDING TO MENTAL AGE

12-18 Mos. (Con't.)

	12-15 mos.	*18 mos.*
TOILET TRAINING	Regularity of BM 15-18 mos. Bowel control	Regularity of urination—usually urinates if placed at the proper time Informs parents after wet May indicate need part of the time
PLAY ACTIVITY	Examines objects held in hand Likes to put objects in and out of containers Rolls or throws a ball Enjoys looking at picture book—tries to help turn pages Plays with wash cloth and toys in tub Enjoys throwing things Builds a tower of 2 cubes Imitates a scribble May release toy if hand is held for it	Moves chairs and large toys around May have preferred toy—stuffed animal Scribbles with pencil or crayon—vertical strokes—held with whole hand Short attention span Enjoys pots and pans Empties trash cans and bottles (time of danger for poisons, medicines, etc.) Builds tower of 3-4 cubes Imitates activities he observes Throws ball overhand—pulls toys—carries doll Solitary level of play
TOYS	Tub toys Used plastic containers well cleaned Buttons too large to swallow—spools Large ball Rubber toys Book with thick pages and large pictures	Take apart and put together toys which teach balance and muscle control—large enough to handle easily—brightly colored—unbreakable

DEVELOPMENT ACCORDING TO MENTAL AGE

No child will achieve the "milestones" described for each age level of development all at one time.

2-3 Yrs.

	2 yrs.	*3 Yrs.*
MOTOR CHARACTER-ISTICS	Runs and climbs with fewer falls Walks with heel-toe contact Walks up and down stairs one at a time, pausing at each step Turns pages of a book one at a time Turns door knobs Kicks ball Squats to play Jumps in place	While running can suddenly stop or turn corners Walks up or down stairs imitating adult manner Can jump from bottom step Rides tricycle Swings—climbs Balances on 1 foot—other 1″ off floor Standing broad jump
SPEECH	May combine 2-3 words to express ideas Uses a few adjectives, prepositions, and pronouns, usually "me" or "mine" May have vocabulary of 200-300 words Frustrated by limited vocabulary Will run simple errands from one room to another	Uses pronoun "I" Uses language easily—sentences longer Asks questions Verbal reasoning can be used Listens to longer stories May have vocabulary of 700-1000 words Knows sex and full name
PERSONAL-SOCIAL	Wants to be admired, praised, and encouraged Likes to please At one instant may be very independent and the next be clinging and very dependent Cannot always make his wants known and will cry until right answer is reached Negativistic—in the "Terrible twos" Coy in action and facial expression May fear parents leaving	Sleep may be disturbed—frequently wants to get in bed with parents Ritualistic in many activities Fears diminish—now mainly visual (grotesque, dark, animals) Friendly Like to please Jealousy may start
DRESSING	*2-3 yrs.* Helps undress and dress self Pulls on simple clothes—may be backward Puts shoe on—may be on wrong feet Tries to button—unbuttons buttons within reach Tries to brush teeth Attempts to soap and wash self in tub	3-4 Yrs. Unlaces—tries to lace shoes Can button, snap, and zip clothing Undresses and dresses with some assistance Washes and dries hands and face by self

DEVELOPMENT ACCORDING TO MENTAL AGE

2-3 Yrs. (Con't.)

	2 yrs.	*3 Yrs.*
FEEDING	Inserts spoon in mouth correctly, occasional spilling Holds glass with 1 hand Distinguishes between food and inedible materials Plays in food—may mix together and then refuse to eat Tries to wash hands by self	2-3 Yrs. Feeds self completely—occasional spilling Uses fork Pours from pitcher Obtains drink from faucet by self 3-4 Yrs. Serves self at table Washes and dries face and hands by self
TOILET TRAINING	2-2½ Yrs. Asks to go to toilet Requires assistance May go alone for BM	3-4 Yrs. Goes to toilet alone if clothing is simple Needs help with wiping May not have night control Washes and dries hands by self
PLAY ACTIVITIES	Points to 1 body part Builds tower of 6-7 cubes Climbs purposefully into chairs Has mother-baby relationship with dolls Likes to push and pull large toys Enjoys small objects such as buttons and pebbles Continues to imitate observed activities—dusting, making beds Rough, tumble play—solitary or parallel level— notices other children but is self-centered in play Holds crayon with fingers—scribbles with horizontal strokes—imitates motions of a demonstrated circle and "V" but cannot initiate Enjoys toy telephone "Reads" a newspaper	Beginning to cooperate: shares toys, awaits his turn Uses scissors to chop paper Draws and names simple figures Initiates own play Beginning of imaginative and make believe play Play more sedintary-solitary or parallel level Creates own games and activities with another child Copies circle—imitates cross Knows a few rhymes or songs Builds tower of 10 cubes Much laughter with play

DEVELOPMENT ACCORDING TO MENTAL AGE

2-3 Yrs. (Con't.)

	2 yrs.	*3 yrs.*
TOYS	Building blocks of graduated size, nest of blocks, hammer and peg set, spools, large spoon and pan, sandbox, drums, push-pull toys, bean bags, books with large pictures of animals and objects, big ball to kick, throw, and catch to develop muscular coordination and finger dexterity, color cone tree, paper bags, large buttons, clothes pins, "holgate" and "playskool" toys for age, phonograph, records of nursery rhymes. Pushing baby carriage with heavy objects inside is aid to balance	Those that help in growth and development and aid in learning—crayons, paints, books about things which he knows (Little Golden Books), modeling clay, wallpaper cleaner in different colors, tricycle, toys with which he can do something, push-pull toys, swing, teeter-totter, slides, mud pies, cup for pouring in tub

DEVELOPMENT ACCORDING TO MENTAL AGE

No child will achieve the "milestones" described for each age level of development all at one time.

4-6 Yrs.

	4 Yrs.	*5 Yrs.*	*6 Yrs.*
MOTOR CHARACTER-ISTICS	Good balance Balances on 1 foot—other 5" off the floor Skips-hops on 1 foot Performs stunts	Slow but persistent Appetite good except for breakfast Improved balance Improved coordination Jumps—hops—skips on alternate feet	Good appetite Almost constantly active Restless
SPEECH	Abundant questions—"why", "how" Talkative—tells tales—tattles often May try profanity Speech is understandable to outsiders Counts from 1-10 May have vocabulary of 1500 words Knows 1-3 colors accurately Can count 3 objects	Questions more meaningful Likes to look at books and be read to Knows names of colors, 4 or more Tries to write letters and numbers May have vocabulary of 2000 words Can be given 2-3 assignments at one time and will carry out in order Counts 10 objects correctly Can identify penny, nickel, and dime	Writes or prints name and some other words Differentiates A.M. and P.M. Knows right from left May use slang and swearing Can dial and use telephone Recognizes coins Adds and subtracts within 5 Counts to 30 Can define simple objects as to use
PERSONAL-SOCIAL	May want to "run away" Argumentative Selfish Impatient Takes pride in accomplishments Humor is boisterous and exaggerated	Gets along well with adults Good memory Poised and controlled Outstanding fear is loss of mother	Rudeness is common Explosive and unpredictable behavior ~~Temper tantrums at their peak~~ Temper tantrums at their peak and hard to control Has difficulty making decisions Shows jealousy toward sibs Parental love and praise very important
DRESSING	4-5 Yrs. Laces shoes Dresses self except for tying shoes, belts Combs hair with assistance Brushes teeth After bath, partially dries self without reminding	5-6 Yrs. Requires occasional assistance May learn to tie shoes	6-7 Yrs. General independence

DEVELOPMENT ACCORDING TO MENTAL AGE

4-6 Yrs. (Con't.)

	4 Yrs.	5 Yrs.	*6 Yrs.*
FEEDING	4-5 Yrs. Feeds self quite well	5-6 Yrs. Uses table knife for spreading	Frequent table accidents May stuff mouth with food
TOILET TRAINING	4-5 Yrs. General independence—stays dry at night	Seldom wets self during day	
PLAY ACTIVITY	Imaginative and make believe play Prefers 2-3 children May have special friend Cooperative level of play Aggressive both physically and verbally May be rough and careless with toys Copies square Can draw a man with 6 parts Builds gate of 5 cubes	Catches ball Capable of completing activities he initiates Dramatic play Domestic play for both sexes Competitive games Makes recognizable drawings Uses scissors fairly well Prefers cooperative level of play Likes dolls Copies triangle	Performs stunts Enjoys simple games Girls tend to play with dolls—boys prefer rough games Likes to make things Pretends Draws man with clothes, neck and hands Rides bike Draws square with sharp corners
TOYS	3-5 Yrs. Materials for dramatic and imaginative play, hand puppets, large, standup paper dolls, doll dishes, baking kit, medical kit, toy household cleaning equipment, barbering kit, telephone, beach ball, Halloween costumes or parents' old clothes, play with other children, wagon, object lotto, seesaws, slides, boxing gloves, trapeze sets, sleds, swings, tricycle. Self confident—needs kind but unmistakable discipline—enjoys speed—never walks—likes skipping, hopping, jumping, climbing.		Simple table games—Fish and Old Maid, bicycle, dolls and doll clothes for girls—guns and cowboy-Indian suits for boys, paper to use for drawing and coloring Simple building logs

DEVELOPMENT ACCORDING TO MENTAL AGE

No child will achieve the "milestones" described for each age level of development all at one time.

7-9 Years

	7 Yrs.	*8 Yrs.*	*9 Yrs.*
MOTOR CHARACTER-ISTICS	Copies diamond Ties bow knot easily		
SPEECH	Repeats 5 digits in correct order Can count by twos and fives Repeats three digits backward Names days of week Tells time to the hour	Counts backward from 20 Tells time to nearest ¼ hr. Tells similarities and differences between two familiar objects	Repeats 4 digits backward Names months of the year Knows date Tells time Makes change for quarter
PERSONAL-SOCIAL	Less of a problem child Less vehement in expressing likes and dislikes Avoids self-exposure in front of opposite sex	Dislikes being alone Best behavior is away from home or for company Increased smoothness and poise	Seeks independence Completes tasks even with short interruptions Plans ahead Can accept blame-less alibies Essentially truthful and honest Can assume responsibility Mildly self-critical
FEEDING		Cuts food with knif	Eating is much neater Manners usually well observed
PLAY	Play is approached more cautiously Has definite friends Definite likes and dislikes about play Cooperative	Wants companions for play Unsupervised play can become rowdy Choice of own sex for playmates is important	Hero worship is prominent Sexes remain well separated at parties and other gatherings Reading material is more realistic but may still enjoy comic books

DEVELOPMENT ACCORDING TO MENTAL AGE

No child will achieve the "milestones" described for each age level of development all at one time.

10-11 Years

	10 Yrs.	*11 Yrs.*
SPEECH	Uses numbers beyond 100 with understanding Can use simple fractions Repeats 6 digits forward	Can define some abstract terms, e.g., "justice", "revenge" Can point out moral in fables
PERSONAL-SOCIAL	Difference in attitudes toward sex Girls more mature and poised than boys Think about social problems and anxious to discuss them Power of suggestion has greatest influence Has greater concept of individuality both of self and others Personality traits and abilities become manifest	Membership in groups and clubs increases in importance Enjoy taking part in community and school drives Shyness may increase More self-critical Want some financial independence so will take on small jobs for summer or after school
PLAY	Teamwork Submission to fixed rules in games	Team games very popular May take on summer job rather than play entire time

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